## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10701412

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                      |                               |                               |                                     |           | SMALL ENTITY TYPE  |                        |         | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|--------------------------------------|-------------------------------|-------------------------------|-------------------------------------|-----------|--------------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 12                                   |                               | (COIGI                        | · ·                                 | _         | RATE               | FEE                    | )  <br> | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED                         |                               | NUMBI                         | ER EXTRA                            |           | ASIC FEE           | 385.00                 | OB      | BASIC FEE                  |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 13 minus 20=                         |                               | *                             |                                     | H         | X\$ 9=             |                        | İ       | X\$18=                     |                        |
|   |  |   | 12                                   |                               | *                             |                                     | -         |                    |                        | OR      |                            |                        |
|   | EPENDENT CL                                    |   | minus 3 =                            |                               | <u> </u>                      |                                     | L         | X43=               |                        | OR      | X86=                       |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PF                             | RESENT                               |                               |                               |                                     |           | +145=              |                        | OR      | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter                                    |  |   |                                      |                               | "0" in c                      | olumn 2                             | I         | TOTAL              |                        | OR      | TOTAL                      | 220                    |
| CLAIMS AS AMENDED - PART II   |  |   |                                      |                               |                               |                                     |           |                    |                        | -       | OTHER THAN                 |                        |
|   |  | (Column 1)                                | (Colum                               |                               | mn 2)                         | (Column 3)                          |           | SMALL E            |                        | OR :    | SMALL                      |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                  | PRESENT<br>EXTRA                    |           | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                | **                            |                               | =                                   |           | X\$ 9=             |                        | OR      | X\$18=                     |                        |
| ME  | Independent                                    | *   | Minus                                | ***                           |                               | =                                   |           | X43=               |                        | OR      | X86=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                               |                               |                                     |           | +145=              |                        | OR      | +290=                      |                        |
|   |  |   |                                      |                               |                               |                                     |           | TOTAL              |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
| AUUTI. FEE  |  |   |                                      |                               |                               |                                     |           |                    |                        |         |                            |                        |
| _   |  | (Column 1)<br>CLAIMS                      | <u> </u>                             | HIGH                          | HEST                          |                                     | lr        |                    | ADDI-                  | l       |                            | ADDI-                  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                      | PREVI                         | MBER<br>OUSLY<br>FOR          | PRESENT  <br>EXTRA                  |           | RATE               | TIONAL<br>FEE          |         | RATE                       | TIONAL<br>FEE          |
|   | Total  | *   | Minus                                | **                            |                               | =                                   | $\rfloor$ | X\$ 9=             |                        | OR      | X\$18=                     |                        |
| MEN   | Independent                                    | *   | Minus                                | ***                           |                               | =                                   |           | X43=               |                        | OR      | X86=                       |                        |
| ⋖   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                               |                               |                                     |           |                    |                        | 1       |                            |                        |
|   |  |   |                                      |                               |                               |                                     |           | +145=<br>TOTAL     |                        | OR      | +290=                      |                        |
|   |  |   |                                      |                               |                               |                                     |           |                    | L                      | OR      | TOTAL<br>ADDIT. FEE        |                        |
|   | .•   | (Column 1)                                |                                      | (Colu                         | ımn 2)                        | (Column 3)                          |           |                    |                        |         |                            |                        |
| AMENDMENT C   | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUN<br>PREVI                  | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA                    |           | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *.  | Minus .                              | **                            |                               | =                                   | ] [       | X\$ 9=             |                        | OR      | X\$18=                     |                        |
|   | Independent                                    | *   | Minus                                | ***                           |                               | =                                   | 1         | X43=               |                        | OR      | X86=                       |                        |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                               |                               |                                     |           |                    |                        | 1       |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL |  |   |                                      |                               |                               |                                     |           |                    |                        | OR      | +290=                      |                        |
| **  | If the "Highest Nu                             | ımber Previously P                        | aid For" IN TH                       | S SPACE                       | is less tha                   | an 20, enter "20.                   | ." AI     | TOTAL<br>ODIT. FEE |                        | OR      | ADDIT. FEE                 | <u></u>                |
| . **  | If the "Highest Nu<br>The "Highest Nur         | ımber Previously F<br>nber Previously Pa  | Paid For" IN TH<br>aid For" (Total c | IS SPACE<br>r Independ        | is less that<br>dent) is the  | an 3, enter "3."<br>e highest numbe | er foun   | d in the ap        | propriate bo           | x in c  | olumn 1.                   |                        |